EXHIBIT O

EXHIBIT O



Name _	Maurice	SHARPE.	_ Phone number	702126	5-3534Fage 1	
	† U.s.				RECI	EIVED
hyperidic course		ID Th	eft Affidavit		- APR	
Victim	Information					NO RISK
(1)	My full legal name t	First)	JCE (Middle)	Ship (Lest)	PPE (Jr., Sr., III)	_
			ents described in thi			1 25
	(First)	(Middle)	(Last)		(Jr., Sr., (II)	
(3)	My date of birth is	(dzy/m <u>onth/ve</u>	ar)			
(4)	My sodal security	number is	1	931		
(5)	My driver's license	s or Identification r	ard state and numbe	ar are NV	1603 506189	<u> </u>
			GRAND ISL			
			Stere NV			7
(7) I have lived at this		. /			
(8		-	events doscribed in t			
	was		MAS	909 VEN	HGINA DINE	
	City LAS	VEGA i	NGA S	ZIp	Code 8913	C
(°	9) I lived at the add	r ess In #8 from _ (m	MA-A- until	MAX nttv/ear)	Appress on ! License . m	others home.
(1	0) My daytime tele	phone number is (704 265-	3534		
	My evening tolog	phone number is (102 265-	3534		

How in Transcript Court of the services are not used by proper to the events described in this report. (11) I did not authorize anyone to use my name or personal information to seek the money, credit, loging goods or services described in this report. (12) I did not receive any benefit, money, goods or services as a result of the events described in this report. (13) My identification documents (for example, credit cards; birth certificate; driver's license; social security card; etc.) were distolen lost on or about 3/17/8 (dayfinchtifysair) (14) W To the bast of my knowledge and belief, the following person(s) used my information (for example, my name, address, date of birth, existing account number, social security number, mother's maiden name, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or authorization: (13 ml a Clears to my Schematical, etc.) or Cardon of Schla) That Shappe Name (if known) Note (if known) Address (if known) Phone number(s) (if known) additional information (if known) Address (if known) Phone number(s) (if known) Address (if known)			•
(11) I did not authorize anyone to use my name or personal information to seek the money, credit, logish, goods or services described in this report. (12) I did not receive any benefit, money, goods or services as a result of the events described in this report. (13) My identification documents (for example, credit cards; birth certificate; driver's license; social security card; etc.) were the following conductive and the following person(s) used my information (for example, my name, address, date of birth, existing account numbers, social security number, mother's malden name, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or authorization: (13 a) A CLUMD A	Name [naurice Sharpe	Phrono number (5021 265-3534 Page 2
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(11) I did not authorize anyone to use my name or personal information to seek the money, credit, logish, goods or services described in this report. (12) I did not receive any benefit, money, goods or services as a result of the events described in this report. (13) My identification documents (for example, credit cards; birth certificate; driver's license; social security card; etc.) were the following conductive and the following person(s) used my information (for example, my name, address, date of birth, existing account numbers, social security number, mother's malden name, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or authorization: (13 a) A CLUMD A	Chec	k all that apply for items 11 + 17:	•
(12) I did not receive any benefit, money, goods or services as a result of the events described in this report. (13) My identification documents (for example, credit cards; birth certificate; driver's license; social security card; etc.) were that often I bost on or about 3/17/08 (day/montat/year) (14) IT to the best of my knowledge and belief, the following person(s) used my information (for example, my name, address, date of birth, existing account numbers, social security number, mother's maiden name, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or authorization: (13 ml access to my substantial formation). If ACC Share(Martin) of B.//s) **Track Share(Misham) **Other Without 131-237** Address (if known) **Other Name (if known) **Address (if known) **Phone number(s) (if known) **Address (if known) **	1	1	•
(13) My Identification documents (for example, credit cards; birth certificate; driver's license; social security card; etc.) were that old in the security card; etc.) were that old in the security of the security card; etc.) were that old in the security member; mother's maden name, etc.) or identification documents to get money, credit, bars, goods or services without my knowledge or authorization: (13 of a cume to get money, credit, bars, goods or services without my knowledge or authorization; (13 of a cume to get money, credit, bars, goods or services without my knowledge or authorization (if known) Name (if known) Address (if known) Phone number(s) (if known) Address (if known)	(11) (credit, logr	I did not authorize anyone to use my in goods or services described in this repo	name or personal information to seek the money, ort.
social security card; etc.) were (Micolen a lost on or about (styrmostifyear) (14) (V) To the best of my knowledge and belief, the following person(s) used my information (for example, my name, address, date of birth, existing account numbers, social security number; mother's maiden name, etc.) or identification documents to get money, credit, bans, goods or services without my knowledge or authorization: (13) (13) (13) (13) (13) (13) (13) (13)	In this repo	pre.	
example, my name, address, date of birth, existing account numbers, social security number, mother's maiden name, etc.) or identification documents to get money, credit, loans, goods or services without my knowledge or authorization: (1) All access to my substantial, find a control of B.//s) Trace (if known) Name (if known) Name (if known) Address (if known) Address (if known) Phone number(s) (if known) additional information (if known) Address (if known) additional information (if known) (15) O I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization. Do Not know 2 and a clarative for the produce on my (50 control) by cernol of the fraud, which documents or information were used or how the identity thief gained access to your information.)	social secu	rity card; etc.) were (Attolen Clost	on or about 3/17/68 (day/month/year)
Address (if known) Phone number(s) (if known) Phone number(s) (if known) Additional information (if known) Additional information (if known) Additional information (if known) (15) CX I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization. Do Not know Individual in the product on my (50 Cmled) License. Not humber I pluces if (16) CD Additional comments: (For example, description of the fraud, which documents or information were used or how the identity their gained access to your information.) SEE ATTACLED	example, o malden na my knowle	me, etc.) or identification documents to g edge or authorization: (13 of a current	secount numbers, social security number, mother's ret money, credit, loans, goods or services without
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Phone number(s) (if known) 2dditional information (if known) (15) Delta I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization. Do Not know 2 Not a clara in the protect on my (50 Contest) License. Not a unio 20/1/cense (16) Delta Additional comments: (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information.) SEE ATTA Was of	Addr	ress (if known) 3313	Address (If known)
(15) [X I do NOT know who used my information or identification documents to get money, credit, loans, goods or services without my knowledge or authorization. Do Not know 2nd welcome in the produce on my (50 conted) License. Not a unio 20/License (16)(1) Additional comments: (For example, description of the fraud, which documents or information were used or now the identity thief gained access to your information.) SEE ATIACLE of	-	A STATE OF THE PARTY OF THE PAR	Phone number(s) (if known)
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Name	maville Sharpe	Phone number 7021 265-3534 Page 3
Victin	's Law Enforcement Actions	
	(check one) I am Dam not ted this fraud.	willing to assist in the prosecution of the person(s) who
ment for mitted to the p	r the purpose of assisting them in the this fraud. 9) (check all that apply) 1 (a have to solice or other law enforcement ager	authorizing the release of this information to law enforce- e investigation and prosecution of the person(s) who com- Thave not reported the events described in this affidavit- ncy. The police Udid O did not write a report.
In the e		other law enforcement agency, please complete the following:
	LAS VEGAS METRO	Police J. ALATOILE
	(Agency #1) 4/13/09	
	(Date of report) (702/828-3/11)	(Report Number, if any)
	(Phone number)	(e-mail address, if any)
		NA
	(Agency #2)	(Officer/Agency personnel taking report)
	(Date of report)	(Réport Number, if 2017)
	(Phone number)	(e-mail address, If any)
, Da	cumeniation Checklist	Likering to a state of the stat
	이 가프, 보기 하다 귀한 하다 하다 그리지만 교육하다 내가 있었다면서 계계 그 때에 있는 장생이에 있는데 그 때문에	nentation you are able to provide to the companies you plan to be affidavit before sending it to the companies.

(20) A copy of a valid government-issued photo-identification card (for example, your driver's licelise, state-issued ID card or your passport). If you are under 16 and don't have a photo-ID, you may submit a copy of your birth certificate or a copy of your official school records showing your

(21) Proof of residency during the time the disputed bill occurred, the loan was made or the other event took place (for example, a rental/lease agreement in your name, a copy of a utility bill or a

enrollment and place of residence.

copy of an Insurance bill).

Nome	Marie Sharpe	Phane number 7-2-265-3534 Ac	oge S

Fraudulent Account Statement

Completing this Statement

- · Make as many copies of this page as you need.
- List only the account(s) you're disputing with the company receiving this form. See the
 example below.

I declare (check all that apply):

As a result of the event(s) described in the ID. Theft Affidavit, the following account(s) was/were opened at your company in my name without my knowledge, permission or authorization using my personal information or identifying documents:

Creditor Name/Address (the company that opened the account or provided the goods or services)	Account Number	Type of unauthorized credit/goods/services provided by creditor, (if known)	issued or	Amount/Value provided (the amount charged or the cost of the goods/services)
Example Example National Bank 22 Main Street Columbus, Ohio 22722	67-89	auto loan	01/05/2000	\$25,500.00
C-MAC Mortgege	From warder	the my	3/08	\$4/17,000

O During the time of the accounts described above	e. I had the following account open with your company:
Billing name	
Billing address	
Account number	

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A. C.	
Name Mucce Sharpeno	ne number 202-265-3534 Page 4
(22) A copy of the report you filed with the police, ploonly need the report number, not a copy of the report.	police or sheriff's department. If you are unable ease indicate that in Item 19. Some companies You may want to check with each company.
Signature	voras kasadirik direksi shabir alkama
I declare under penalty of perjury that the information correct to the best of my knowledge.) Mollette Students	tion I have provided in this affidavit is true and H - 2-1 - 07 (date signed)
(signature) Knowingly submitting fake information on the prosecution for perjury.	,
State of Nevada County of Clark	
Subscribed and sworn (or affirmed) to me this 21 day of April 2009 by Maurice Sharp	Notary Public - State of Nevada
Notary Signature Notary Signature	County of Clark DARRYL MCCULLOUGH My Appointment Expires No: 99-50860-1 December 26, 2010
(Notary)	
Witness	*
(signature)	(printed name)

(telephone number)

(date)